

New Patient Registration Form

This practice is committed to providing patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Title (please circle): Mrs Ms Miss Dr Other: ____ Pronouns (please circle) – she/her he/him they/them

First Name: _____ Surname: _____

Date of Birth: _____ Gender _____

Address: _____

Mobile Phone: _____ Home Phone: _____

Consent for SMS appointment reminders

Email: _____

Medicare Number: _____ Ref No: ____ Expiry Date _____

Private Insurance: Yes No Health Fund Name: _____

Membership number: _____

Emergency contact: _____ Phone Number: _____

Relationship to Patient: _____

Patient history

Current health problems:

Past medical problems:

Family history of any health conditions?

Current medications:

Allergies and what happens when exposed: *(include any adverse drug reactions)*

Are you up to date with immunisations?

Yes No

Are you currently working? Yes No
If YES, please provide detail (e.g., full- or part-time, occupation)

Lifestyle -

Do you currently smoke? Yes No

Do you take any recreational drugs? Yes No

Do you drink alcohol? Yes No

If YES, please provide detail – how often do you drink alcohol? How much would you drink?

How many hours of physical activity do you do on an average week? _____ hours

How many servings of fruit and vegetables do you eat per day on average? ____ Fruit, ____ Vegetables

Do you identify as-
Aboriginal? Yes No

Torres Strait Islander? Yes No

Other _____

In order to comply with the **Health Records and Information Privacy Act 2002** (NSW), your consent is required to collect and use personal and health information for the purposes below:

- Administrative purposes
- Billing purposes (including compliance with Medicare and Health Insurance Commission requirements)
- Disclosure to others involved in your healthcare, e.g. your GP/referring doctor, other relevant specialists
- To comply with any legislative or regulatory requirements, such as notifiable diseases.
- For reminders and recalls which may be sent to you regarding your health care and management.

We use an automated medical note-taking transcription software, Heidi Health, to assist in improving the quality and accuracy of clinical notes. All your data is encrypted and stored securely in Australia.

You can decline to have your health information used in all or some of the ways outlined above but it may influence our ability to manage your health care to provide the best outcome for you. Please be assured that your information will be stored securely as per the **Australian Privacy Principles**.

I, _____ consent to Women's Health Road clinicians and practice staff to use my information for the purposes listed above.

Signature: _____ Date: _____